

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

TUBARI

26220089

## 1. Month of JULY 1, 2008 THRU JULY 31, 2008

- |     |  |                                    |                                    |     |
|-----|--|------------------------------------|------------------------------------|-----|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | N                                  | N/A |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | N                                  | N/A |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | N                                  | N/A |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | Y                                  | <input checked="" type="radio"/> N | N/A |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | N                                  | N/A |
| 10. | Has PHC result been listed on MR-1 report?                                 | Y                                  | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | N                                  | N/A |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N                                  | N/A |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | N                                  | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | N                                  | N/A |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | N                                  | N/A |
| 21. | Remove Arsenic from report if sampling not required                        | <input checked="" type="radio"/> Y | N                                  | N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 8/28/08 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer J. Redmond

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

11  
11  
11

~~AUG 20 2008~~

MAILING ADDRESS: 90 DAYTON AVE BLDG - 4D - WEST PASSAIC, N.J.

NEW CUST ID: 2622-0079

OUTLET # OLD OUTLET : 2640 9071 56539 -04

TELEPHONE #: 973-779-8600

## For Reporting Period

	Average	Maximum
Regulated Flow-gal/day	N/A	N/A

Total Flow-gal/day 6677 / 6405 /

Method used INDUSTRIAL GALLONS LESS 5% Fc

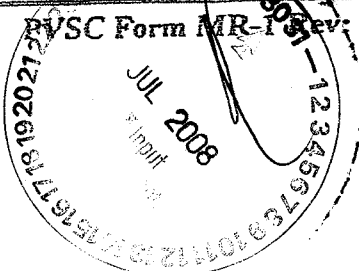
EVAPORATION, LESS DOMESTIC GALLONS,  
divided by (22) working days

Production rate (if applicable)

25

[illegible][illegible]

PVSC Form MR-1 Rev: 4 6/87 PI



TR  
AUG 2008  
2nd Inqurt  
Industrial Dept.

certification of Non-use if applicable (use additional sheets):

N/A

AUG 20 2008

compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used:

TUBARG LTD IS IN COMPLIANCE  
WITH LOCAL LIMIT METALS

explain Method for preserving samples:

NITRIC ACID WITH A PH  
OF LESS THAN 2

I certify under penalty of law that this document and attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal  
Executive or Authorized Agent

MARK BERMAN

Type Name and Title

8/19/08  
Date

PVSC Form MR-1 Rev: 5 3/91 P2

Water Reading

7/1/08 31277300

7/1/08 1040480

7/31/08 31432800

7/31/08 1043890

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 155,500

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 3410

155,500 Less 5% For EVAPORATION =

147,725

 147,725  
 - 3410 (DOMESTIC)

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 144,315 (INDUSTRIAL)



# QC Laboratories

## Analytical Report



MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

### Regarding:

MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

Account No: 000382, TUBARI, LTD.  
Project No: 000382, TUBARI, LTD.

P.O. No:  
PWSID No:

Inv. No: 994846

Sample Number L2728242-1  
Sample Description DISCHARGE 24 HR COMPOSITE 7/24-25  
Samp. Date/Time/Temp 07/25/08 02:15pm NA F  
Sampled by Customer Sampled  
Received Temp 37 F Iced (Y/N): Y

Parameter	Method	Result	RLs	Test Date, Time, Analyst
NICKEL	EPA 200.8	0.00410 mg/l	0.00200 mg/l	08/05/08 11:42AM GJH
ZINC	EPA 200.8	0.0484 mg/l	0.00500 mg/l	08/05/08 11:42AM GJH
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	133 mg/l	25.1 mg/l	07/26/08 12:52PM GAP
TOTAL SUSPENDED SOLIDS	SM 2540D	410 mg/l	2.00 mg/l	07/29/08 10:50AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
 - All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
 - The test "pH lab" is analyzed upon receipt in the laboratory, the result will not be suitable for regulatory purposes.  
 - Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.  
 - Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=Laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count.  
 - A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
 - QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018, Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.  
 - QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.  
 - All samples are collected as "grab" samples unless otherwise identified.  
 - MCL= is the EPA recommended "maximum contaminant level" for a parameter, PLs=customer specific permit limits.  
 Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

*Thomas J. Hines*  
Thomas J. Hines, President

060382

<b>QC Laboratories</b> 1205 Industrial Blvd. Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231		<b>CHAIN OF CUSTODY</b> Page <u>1</u> of <u>1</u> Bill to/Report to: (if different) _____ Sampling Site Address: (if different) _____ City/State/Zip _____ Phone/Fax _____ Client Contact _____		Lab LIMS No: <u>LD728242</u> <b>MATRIX CODES</b> DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SO: SOIL SL: SLUDGE OL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER Field pH, Temp (C or F), DO, Cl <sub>2</sub> , S. Cond. etc.	
<b>PROJECT</b> <b>FIELD ID</b> <u>Discharge 24 hr Composite</u>		<b>Collection</b> Date: <u>7/25</u> Military Time: <u>14:15</u>		<b>Number of Containers</b> H C Y H I Z U B Total: <u>2</u>	
<b>Client/Account No.</b> <u>00559 TUMMI LTD</u> <b>Address</b> <u>90 DARTON AVE</u> <u>4-0 WEST</u> <b>City/State/Zip</b> <u>POSSIE N5 07055</u> <b>Phone/Fax</b> <u>973-779-8600</u>		<b>P.O. No.</b> _____ <b>QC Contact</b> _____		<b>ANALYSIS REQUESTED</b> <u>BOO, RSS, ALI, ZN</u>	
<b>SAMPLED BY: (Name/Company)</b> _____ Verbal/fax data due: _____ Hardcopy due: _____ Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.		<b>Report Format:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NU Reduced <input type="checkbox"/> Disk		<b>Field Parameters Analyzed By:</b> _____ Date/Time: _____	
<b>SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)</b>					
RELINQUISHED BY SAMPLER <u>CD 380</u>	DATE <u>7/25</u>	TIME <u>14:30</u>	RECEIVED BY <u>7/25</u>	DATE <u>7/25</u>	TIME <u>14:30</u>
RELINQUISHED BY <u>CD 380</u>	DATE <u>7/25</u>	TIME <u>14:30</u>	RECEIVED BY <u>7/25</u>	DATE <u>7/25</u>	TIME <u>14:30</u>
RELINQUISHED BY <u>CD 380</u>	DATE <u>7/25</u>	TIME <u>14:30</u>	RECEIVED BY <u>7/25</u>	DATE <u>7/25</u>	TIME <u>14:30</u>
RELINQUISHED BY <u>CD 380</u>	DATE <u>7/25</u>	TIME <u>14:30</u>	RECEIVED BY <u>7/25</u>	DATE <u>7/25</u>	TIME <u>14:30</u>
RELINQUISHED BY <u>CD 380</u>	DATE <u>7/25</u>	TIME <u>14:30</u>	RECEIVED BY <u>7/25</u>	DATE <u>7/25</u>	TIME <u>14:30</u>
<b>COMMENTS:</b> <u>24 hr Composite</u> <u>7/24/08 14:15</u> <u>7/25/08 14:15</u> Hazardous: yes/no <u>36 of 15, 600</u>					

For example to aid completion, see reverse side.

FINAL REPORT